February 1st of each year: Application and supporting materials due in office in order to take spring examinations

A Saturday in May: Written Examination (specific date to be determined, see website for more details)

A Saturday in June: Oral Examination (specific date to be determined, see website for more details)
The following is a summary of requirements for certification as a North Carolina Fee-Based Practicing Pastoral Counselor and North Carolina Fee-Based Practicing Pastoral Counseling Associate, as outlined in Article 26, the North Carolina legislature’s Fee-Based Practicing Pastoral Counselor Act of 1991. The Board is eager to support candidates through the certification process, but the Board does not have the authority to change the requirements spelled out by the legislature.

Requirements for certificate to practice as a Fee-Based Practicing Pastoral Counselor:

- At least 21 years of age;
- Of good moral character;
- At least three years of full-time work as a rabbi, priest, minister, or religious leader;
- Ordained, or an equivalent as determined by the applicant’s faith group, and endorsed to function as a pastoral counselor;
- Completed a masters of divinity, or its equivalent, from an accredited educational institution;
- Completed a masters or doctoral degree in pastoral counseling, or its equivalent, from an accredited educational institution;
- Completed at least one unit of Clinical Pastoral Education;
- Provided at least 1375 hours of pastoral counseling;
- Received at least 250 hours of supervision of pastoral counseling, supervision to be provided by (1) a North Carolina Fee-Based Practicing Pastoral Counselor, (2) a Diplomate in the American Association of Pastoral Counselors, or (3) a Fellow in the American Association of Pastoral Counselors who is under supervision of a Diplomate;
- Passes the Board’s examination in pastoral counseling.

Requirements for certificate to practice as a Fee-Based Practicing Pastoral Counseling Associate:

- At least 21 years of age;
- Of good moral character;
- At least three years of full-time work as a rabbi, priest, minister, or religious leader;
- Ordained, or an equivalent as determined by the applicant’s faith group, and endorsed to function as a pastoral counselor;
- Completed a masters of divinity, or its equivalent, from an accredited educational institution;
- Completed at least one unit of Clinical Pastoral Education;
- Provided at least 375 hours of pastoral counseling;
• Received at least 125 hours of supervision of pastoral counseling, supervision to be provided by (1) a North Carolina Fee-Based Practicing Pastoral Counselor, (2) a Diplomate in the American Association of Pastoral Counselors, or (3) a Fellow in the American Association of Pastoral Counselors who is under supervision of a Diplomate;
• Passes the Board’s examination in pastoral counseling.

(Note that the Pastoral Counseling Associate certification does not require the degree in pastoral counseling beyond the M.Div. and that the required hours of counseling and supervision are lesser. Persons certified at the Associate level are required by law to document ongoing supervision in an annual report to the board.)

**Equivalencies**

The Board is allowed to consider requests for equivalencies for the following requirements:

• The masters of divinity requirement;
• The masters or doctorate in pastoral counseling requirement for full certification.

The Board is not allowed to grant equivalencies for:

• The experience and supervision requirements (e.g., other ministry experience, while valuable, is not sufficient to meet the standard set by the legislature);
• The Clinical Pastoral Education requirement.

Candidates who wish to make a case for equivalencies should put that request in writing to the Board. The Board shall assign a Board member to meet with the candidate and review the request, or shall refer the candidate to an independent consultant to review the request. The request shall then be taken to the Board for review. Should equivalency not be granted, the candidate shall be given consultation regarding how to fulfill the particular standard.
DOCUMENTATION FOR CERTIFICATION FORM
FOR FEE-BASED PRACTICING PASTORAL COUNSELOR
OR FEE-BASED PRACTICING PASTORAL COUNSELING ASSOCIATE

INSTRUCTIONS:

1. Print or type all information on the application for certification and documentation for certification forms.

2. **Transcripts**--Have official transcripts of graduate academic work mailed from the institution(s) to the above address. Transcripts not received directly from the granting institution(s) will not be accepted.

3. **Endorsements**--Send endorsements from three persons who are able to attest that you are of good moral character and possess suitable qualities of personal maturity and integrity for the conduct of pastoral counseling and psychotherapy. An endorser form is provided. Make copies as needed. Endorsers shall not be supervisors or Board members.

4. **Supervisors' Reports**--Provide a supervisor's report from each of your clinical supervisors. Applicants with more than one supervisor may photo-copy the original to send to other supervisors. A supervisor’s report form is provided.

5. **Ecclesiastical Verification**--Have the appropriate official of your denomination or faith group fill out the form provided. For Southern Baptists, the ECCLESIASTICAL VERIFICATION form may be filled out by the pastor of the church which ordained you or by the pastor of your local church or by the Directors of Hospital Chaplaincy and Pastoral Counseling of the Home Mission Board. In addition you must send a copy of your ordination certificate.

6. **Certification of Clinical Pastoral Education**--On the form provided, have the Association for Clinical Pastoral Education verify your completion of one unit of CPE. Address: ACPE, 1549 Clairmont Road, Suite 103, Decatur, GA 30033. Rather than sending the CERTIFICATION OF CLINICAL PASTORAL EDUCATION to ACPE, Acting and Full ACPE Supervisors may simply make a copy of their certificate from ACPE and include that copy with the other documentation materials.

7. **Equivalency**--Equivalencies shall be considered on a case by case basis. Should a candidate choose to make a case for equivalent experience, education or training, the candidate should document a formal request to the Board. The Board shall assign a Board member to meet with the candidate and review the request. The request shall then be taken to the Board for either approval or disapproval. The onus for documentation of equivalency shall rest entirely with the candidate. Should equivalency not be granted, the candidate shall be given a consultation regarding how to fulfill the particular standard.

8. Send original of the application for certification form and the documentation for certification form along with check(s) for fees to the Board office.
APPLICATION FOR CERTIFICATION

(CHECK ONE)

1) _______ I am seeking certification as a Fee-Based Practicing Pastoral Counselor (Application Fee: $100.00)

2) _______ I am seeking certification as a Fee-Based Practicing Pastoral Counseling Associate (Application Fee $100.00)

3) _______ I am a Certified Fee-Based Practicing Pastoral Counseling Associate seeking Certification as a Fee-Based Practicing Pastoral Counselor (Application Fee: $100.00)

(PLEASE CHECK)

__________ I intend to take the written examination in May and the oral examination in June.

Applicant's Full Name: ________________________________________________________________

(Please Print or Type)

Signature: __________________________________________________________________________

Date: __________________________
APPLICATION FOR CERTIFICATION
PAGE 2

PLEASE PRINT OR TYPE

Name: ______________________________________________________________________

Last                                           First                                           Middle

Address:
Home:  ________________________________________________________________

Street                                                                                                                                                     

City                                           State                                           Zip

Work:  ________________________________________________________________

Street                                                                                                                                                         

City                                           State                                           Zip

Telephone:         Home:  _________________________    Work: ________________________

Preferred Mailing Address:              Home ____       Work ____

●   Application Fee for certification as a Practicing Pastoral Counselor or Pastoral Counseling Associate is $100.

●   Exam Fee for Fee-Based Practicing Pastoral Counselor is $400 and is due at time of the examination.

●   Exam Fee for Fee-Based Practicing Pastoral Counseling Associate is $250 and is due at time of the examination.

●   Checks for application fee and exam fee are payable to the N.C. State Board of F.B.P.P.C.

________________Application Fee Enclosed      Check Number ________   Date ________
(Please Check)   

Bank: ________________________________
DOCUMENTATION FOR CERTIFICATION FORM

IDENTIFICATION
Name ________________________________  Birth date ____________________
Last                                  first                              middle
________________________________________  Sex ____________

Other names you have been known by (include maiden name)
________________________________________ Social Security # ______________

How you wish your name to appear on the certificate
(Degrees will not appear on the certificate)

Office Address _____________________________________________________________

.............................................................................................................  Phone (   ) ______________

Home Address _____________________________________________________________

.............................................................................................................  Phone (   ) ______________

Preferred Mailing Address: Office _______ Home ________

E-Mail Address: ___________________________________________________________

1. EDUCATION

A: List all degrees and certificates from recognized educational institutions beginning with
the most recent degree. Transcripts should be requested and sent directly to the Board’s office
from the granting institution.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Course of Study</th>
<th>Degree</th>
<th>Date of Graduation</th>
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B. Include a statement, or copy of the bulletin statement from the degree-granting institution
outlining the program of studies for your degree in pastoral counseling.

C. At what location did you receive your unit of Clinical Pastoral Education?

________________________________________________________________________

________________________________________________________________________
D. List continuing education training, workshops, and seminars attended in the last three years in the area of pastoral counseling and pastoral psychotherapy (use additional page marked "I.D.-continued" if necessary).

<table>
<thead>
<tr>
<th>Training or Workshops</th>
<th>No. of Hours</th>
<th>Place</th>
<th>Date</th>
<th>Sponsor or Instructor</th>
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Indicate significant books, journals, etc. which you have been reading over the last three years.

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<tr>
<th>Books/Journals</th>
<th>Description</th>
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II. PROFESSIONAL EMPLOYMENT IN MINISTRY

Beginning with your most recent employment, list the churches, synagogues, agencies, organizations, or practices in which you have actively engaged in ministry (use additional Page marked “II.—continued” if necessary).

Name of Agency

Address of Agency

Dates of Employment (From/To)

Immediate Supervisor

Address of Supervisor

Name of Agency

Address of Agency

Dates of Employment (From/To)

Immediate Supervisor

Address of Supervisor

Name of Agency

Address of Agency

Dates of Employment (From/To)

Immediate Supervisor

Address of Supervisor

Name of Agency

Address of Agency

Dates of Employment (From/To)

Immediate Supervisor

Address of Supervisor

Name of Agency

Address of Agency

Dates of Employment (From/To)

Immediate Supervisor

Address of Supervisor
III. CLINICAL EXPERIENCE AND SUPERVISION IN PASTORAL COUNSELING AND
PSYCHOTHERAPY

A. APPROVED SUPERVISION

The 250 hours of supervision required for certification as a Fee-Based Practicing Pastoral Counselor and the 125 hours of supervision required for certification as a Fee-Based Pastoral Counseling Associate must be documented provided by a Diplomate of the American Association of Pastoral Counselors (AAPC), a Fellow of the American Association of Pastoral Counselors under supervision by a Diplomate of the American Association of Pastoral Counselors or a North Carolina Fee-Based Practicing Pastoral Counselor.

Any supervision beyond the required 250 hours may be documented provided by a clinician in another mental health discipline who is current in certification or licensure with the particular certifying or licensing group or was current at the time of the supervisory experience.

1. Total hours of pastoral counseling and psychotherapy provided by you:  ________

2. Of the total hours reported above, how many were acquired while receiving clinical supervision?  ________

3. How many total hours of supervision have you received?  ________________

__________________________________  __________________________
One-to-One  Group

B. TYPES OF SUPERVISION RECEIVED

1) Supervision of In-depth Psychotherapy  Hours  Supervisor(s)

2) Supervision of a Variety of Cases  Hours  Supervisor(s)

3) Supervision of Couples Therapy  Hours  Supervisor(s)

4) Supervision of Family Therapy  Hours  Supervisor(s)

5) Supervision of Group Therapy  Hours  Supervisor(s)
C. List the names, degrees, disciplines, and addresses of the individuals to whom you have sent supervision reports (see form: SUPERVISOR’S REPORT).

<table>
<thead>
<tr>
<th>Supervisor’s Name</th>
<th>Degree</th>
<th>Discipline</th>
<th>Address</th>
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IV. INDIVIDUAL PSYCHOTHERAPY EXPERIENCE

List below the number of sessions you have spent in personal psychotherapy (individual, couple, family and/or group) and with whom (include therapist’s degree and discipline).

<table>
<thead>
<tr>
<th>Hours</th>
<th>Therapist Name</th>
<th>Therapist Degree and Discipline</th>
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<tbody>
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<td>Individual</td>
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<td>Couple</td>
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<td>Family</td>
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<td>Group</td>
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V. ECCLESIASTICAL VERIFICATION

Provide the name and address of the church official whom you asked to complete the ECCLESIASTICAL VERIFICATION form.

____________________________________________________________________

VI. ETHICAL CONSIDERATIONS

A. Have you ever been convicted of a crime or pled nolo contendere for any criminal offense? (You need not include minor traffic violations).

Yes ___ No ___

Do you now have, or have you ever had a malpractice suit brought against you?

Yes ___ No ___
Have you ever had a professional license, registration, or certification refused, revoked, or suspended?

Yes ___     No ___

Have you ever been censured by a professional organization or had membership in a professional organization revoked?

Yes ___     No ___

If the answer is yes to any of the above, give full details on additional pages marked “VI.-continued.”

**B. ENDORSEMENTS FOR AFFIRMATION OF APPLICANT’S MORAL CHARACTER**

List the names and addresses of the three people whom you have asked to complete the ENDORSEMENT FOR AFFIRMATION OF MORAL CHARACTER form:

<table>
<thead>
<tr>
<th>Endorser’s Name</th>
<th>Address</th>
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Public Notice Statement
Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers’ Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee’s employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

Employee Classification Section
North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
Telephone: (919) 807-2582
Fax: (919)715-0282
Email: emp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N.C. Gen. Stat. § 143-762(5)]

By signing below I certify that I have read the Public Notice Statement above and that I understand it. Please choose one: I have not been investigated ____ / I have been investigated ____ for employee misclassification and have attached the results of the investigation to this application / renewal.

Signature: __________________________________________________________
ENDORSEMENT FOR AFFIRMATION OF MORAL CHARACTER

I hereby endorse the application of ____________________________________________

for certification as a North Carolina Certified Fee-Based Practicing Pastoral Counselor or
Pastoral Counseling Associate. This endorsement expresses my judgment that the
applicant is of good moral character, and possesses suitable qualities of personal
maturity and integrity for the conduct of pastoral counseling and psychotherapy.

________________________________________
Print Name

________________________________________  ________________
Signature                                    Date

*Endorsers shall not be supervisors or Board members

Please return this form to: N.C. Board of Fee-Based Practicing Pastoral Counselors
P.O. Box 447
Kernersville, NC 27285-0447

(Form may be duplicated if needed)
ENDORSEMENT FOR AFFIRMATION OF MORAL CHARACTER

I hereby endorse the application of ____________________________________________

for certification as a North Carolina Certified Fee-Based Practicing Pastoral Counselor or Pastoral Counseling Associate. This endorsement expresses my judgment that the applicant is of good moral character, and possesses suitable qualities of personal maturity and integrity for the conduct of pastoral counseling and psychotherapy.

_____________________________________________        _______________________
Print Name                                                                    Date

Signature

*Endorsers shall not be supervisors or Board members

Please return this form to: N.C. Board of Fee-Based Practicing Pastoral Counselors
P.O. Box 447
Kernersville, NC  27285-0447

(Form may be duplicated if needed)
ENDORSEMENT FOR AFFIRMATION OF MORAL CHARACTER

I hereby endorse the application of _____________________________

for certification as a North Carolina Certified Fee-Based Practicing Pastoral Counselor or Pastoral Counseling Associate. This endorsement expresses my judgment that the applicant is of good moral character, and possesses suitable qualities of personal maturity and integrity for the conduct of pastoral counseling and psychotherapy.

____________________________________________
Print Name

___________________________        _______________________
Signature                                                                     Date

*Endorsers shall not be supervisors or Board members

Please return this form to: N.C. Board of Fee-Based Practicing Pastoral Counselors
P.O. Box 447
Kernersville, NC  27285-0447

(Form may be duplicated if needed)
SUPERVISOR’S REPORT

SUPERVISEE: ___________________________  SUPERVISOR: ___________________________
(Print/type name of applicant)  (Print/type supervisor’s name)

This is to certify that the above-named individual has successfully completed supervised clinical training in pastoral counseling and psychotherapy during the period _____________________ to _____________________ as follows:

1. Total hours of pastoral counseling and psychotherapy provided by the supervisee: _________

2. Total hours of supervision of this pastoral psychotherapy: _________
   a. Total hours of individual supervision of this work: _________
   b. Total hours of group supervision of this work: _________

Please check one:

_____ I am an Active Diplomate of the American Association of Pastoral Counselors or I was an active Diplomate at the time of this supervisory experience.

_____ I am an active Fellow of the American Association of Pastoral Counselors under supervision by a Diplomate of the American Association of Pastoral Counselors or I was at the time of this supervisory experience.

_____ I am an active N.C. Certified Fee-Based Practicing Pastoral Counselor.

_________________________________            ___________________________________________
Supervisor’s Signature  Diplomate’s Signature verifying supervision of supervision
(Print/type Name of Diplomate providing supervision, if applicable)

For Supervision beyond the 250 hours as identified above:

_____ I am a clinical in another mental health discipline other than pastoral counseling and psychotherapy who is current in certification or licensure with the particular certifying or licensing group or I was current at the time of this supervisory experience.

_________________________________            ___________________________________________
Discipline  Terminal Degree
(Supervisor’s signature verifying supervision as identified above)

RETURN FORM TO:  N.C. Board of Fee-Based Practicing Pastoral Counselors
P.O. Box 447
Kernersville, NC  27285-0447
NORTH CAROLINA STATE BOARD OF EXAMINERS OF FEE-BASED PRACTICING PASTORAL COUNSELORS

ECCLESIASTICAL VERIFICATION

Applicant’s Denomination or Faith Group

Name of Verifying Official

Title of Verifying Official

Address and Telephone Number of Verifying Official

This is to verify that

1. is currently an ordained minister as defined by the IRS code (see below);
2. is currently considered in good standing as a rabbi, priest, minister or religious leader by my denomination or faith group;
3. is currently not called or elected to serve on a full-time basis in a pastorate;
4. is currently endorsed by my denomination or faith group to function as a fee-based pastoral counselor; and
5. has completed three years of full-time service as a rabbi, priest, minister or religious leader (or the equivalent).

Signature of Verifying Official

Date

Please return this form to: N.C. Board of Fee-Based Practicing Pastoral Counselors
P.O. Box 447
Kernersville, NC 27285-0447

MINISTERS

Ministers are individual who are duly ordained, commissioned, or licensed by a religious body constituting a church or church denomination. They are given the authority to conduct religious worship, perform sacerdotal functions, and administer ordinances or sacraments according to the prescribed tenets and practices of that church or denomination.

If a church or denomination ordains some ministers and licenses or commissions other, anyone licensed or commissioned must be able to perform substantially all the religious functions of an ordained minister to be treated as a ministry for social security purposes.

(from Publication 517 “Social Security for Members of the Clergy and Religious Workers’’
CERTIFICATION OF CLINICAL PASTORAL EDUCATION

This is to certify that ____________________________________________________________

has satisfactorily completed one unit (one full-time quarter) of clinical pastoral education in a program

accredited by The Association of Clinical Pastoral Education on

___________________________________________.

___________________________________________                 _______________________________
Executive Director, ACPE          (Print Name)                      Signature                                                                               Date

Please return this form to:    N.C. Board of Fee-Based Practicing Pastoral Counselors
                                P.O. Box 447
                                Kernersville, NC  27285-0447